

St Neots Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings


Overall summary

We rated St Neots Hospital as good because:

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a long stay mental health ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health treatment. It was well led, and the governance processes ensured that ward procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|--|--|------------------------------|
| Long stay or rehabilitation mental health wards for working-age adults | Good  | |

Summary of findings

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Good 

St Neots Hospital

Services we looked at

Long stay or rehabilitation mental health wards for working-age adults;

Summary of this inspection

Background to St Neots Hospital

St Neots Hospital provides long stay and rehabilitation wards for adults with severe and enduring mental health needs. It specialises in caring for patients with complex mental and physical health needs including progressive neurological conditions inclusive of patients at the latter stages of their diagnosis.

St Neots Hospital has been registered with the Care Quality Commission under its current owner Elysium Healthcare since December 2016 for:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983

- Treatment of disease, disorder or injury

The service was last inspected in August 2018 and issued requirement notices under

Regulation 12 HSCA (RA) Safe care and treatment

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 18 HSCA (RA) Staffing

We found that the service had addressed these concerns at the time of this inspection.

Our inspection team

The team that inspected the service comprised 1 CQC inspection manager, 2 CQC inspectors, 1 CQC assistant inspector and 2 specialist advisors who were registered nurses with experience of neurological conditions.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- visited all four wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients;
- spoke with five patients who were using the service;
- spoke with three family members of patients;
- spoke with the Head of Nursing;
- spoke with 16 other staff members; including doctors, nurses, occupational therapist, psychologist and speech and language therapist;
- spoke with an independent advocate;
- looked at 13 care and treatment records of patients
- carried out a specific check of the medication management on all wards; and

Summary of this inspection

- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients told us that they felt safe at the service and that it was a clean, nice environment to be in.

Patients said that they felt cared for by staff and that staff were always kind and respectful when helping them. Patients told us they felt involved in their care and could always speak to a nurse or doctor when they wanted to.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough nursing and medical staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Good



Are services effective?

We rated effective as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the

Good



Summary of this inspection

development of everyday living skills, and to meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.

- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Are services caring?

We rated caring as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

Good



Are services responsive?

We rated responsive as good because:

Good



Summary of this inspection

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway.
- The design, layout, and furnishings of the service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could access hot drinks and snacks at any time.
- The wards met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- Ninety three% of staff had received training in the Mental Health Act. Staff we spoke with had a good understanding of the code of practice and it's guiding principles.
- The service employed a Mental Health Act administrator who was based at the service and staff we spoke with knew who they were.
- The provider had relevant policies and procedures that reflected up to date guidance and these were available to all staff on the provider intranet system.
- An independent mental health advocate visited the service weekly to speak with patients and this was widely advertised.
- Staff explained patients' rights under the Mental Health Act in a way they could understand, checked that patients understood to the best of their ability and recorded this in care records.
- Staff ensured patients were able to leave the hospital under Section 17 leave and escorted them when required.
- Staff stored copies of patients' detention paperwork and related records correctly. Copies of consent to treatment forms were attached to patients' medicines records for staff to refer to.
- Staff requested a second opinion doctor when necessary.
- Wards had signs on the doors reminding informal patients that they could leave the hospital if they wished.
- The Mental Health Act administrator completed monthly audits of the Mental Health Act paperwork and took action if required.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ninety eight% of staff had received training in the Mental Capacity Act.
- Staff we spoke with had a good understanding of the Mental Capacity Act, it's principles and how it applied to the patients they were working with.
- The provider had a policy on the Mental Capacity Act, including deprivation of liberty standards. All staff could access this on the provider intranet page.
- Staff assessed and recorded patient's capacity to make decisions appropriately and on a decision specific basis.
- Staff held best interest decision meetings for patients who lacked capacity and considered their and their families wishes and feelings into consideration.
- Staff made deprivation of liberty safeguards applications when required and monitored the progress of applications to supervisory bodies.
- Staff audited the application of the Mental Capacity Act monthly and took action when required.

Overview of ratings






Our ratings for this location are:

Detailed findings from this inspection

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|------|-----------|--------|------------|----------|---------|
| Long stay or rehabilitation mental health wards for working age adults | Good | Good | Good | Good | Good | Good |
| Overall | Good | Good | Good | Good | Good | Good |

Long stay or rehabilitation mental health wards for working age adults

Good 

| | |
|------------|--|
| Safe | Good  |
| Effective | Good  |
| Caring | Good  |
| Responsive | Good  |
| Well-led | Good  |

Are long stay or rehabilitation mental health wards for working-age adults safe?

Good 

Safe and clean environment

- Wards had a number of blind spots and areas that were not visible to staff. The provider had installed convex mirrors to enable staff to observe all areas of the wards.
- The service had a number of ligature risk points (somewhere that someone could tie a ligature with the intention of harming themselves). These had all been identified in a comprehensive risk assessment document and mitigation put in place where possible. Ligature cutters were available on all wards and easily accessible for staff.
- Wards were all single-sex accommodation. All bedrooms had en-suite toilet facilities with shared shower and bathrooms on each ward.
- Bedrooms contained nurse call alarms for patients to request assistance.
- All areas of the service were visibly clean. The service employed cleaning staff and records showed that all areas were cleaned regularly.
- The décor and furnishings on all wards were comfortable and well maintained.
- Staff adhered to infection control principles including handwashing and antibacterial hand gel was available on all wards.
- The service had three clinic rooms, all of which were small but adequately furnished. Emergency resuscitation equipment was kept in grab bags on all

wards and in communal areas so that this was easily accessible to staff in case of emergency. Staff kept records to show that the contents were checked on a regular basis.

Safe staffing

- The service used a safe staffing tool to calculate the number of nurses and healthcare assistants required for each ward. Managers could adjust the number of staff daily to accommodate patient need or increased observations.
- The service reported four nurse vacancies and ten healthcare assistant vacancies at the time of inspection.
- Staff vacancies were covered by bank or agency staff. The service reported 218 shifts were covered by bank staff and 543 shifts were covered by agency staff in three months prior to inspection.
- Managers block booked agency staff to cover vacancies to ensure that they received induction, training and provided consistency with patients. Agency staff completed a week-long induction before working with patients that incorporated mandatory training including Huntington's disease, dementia, falls prevention and management of violence and aggression.
- A qualified nurse was on shift for each ward at all times.
- The consultant and specialist doctor provided medical cover at all times including out of hours.
- Staff completed 22 mandatory training sessions that included safeguarding, infection control, medicines administration and life support. All mandatory training had completion rates of over 80%.

Assessing and managing risk to patients and staff

Long stay or rehabilitation mental health wards for working age adults

Good 

- We reviewed 13 patient records and found that staff had completed a risk assessment for all patients. Staff updated risk assessments regularly including after an incident.
- Staff included specific risk issues for the patient group such as a falls assessment, risk of choking and pressure ulcers within risk assessments.
- The service had a policy on observation and staff observations managed risk whilst maintaining patient dignity and respect.
- The service did not have any blanket restrictions in place. Staff individually assessed patient's safety and risk in using the kitchen, and access to the kitchen was monitored dependent on the risk levels.
- The service had two informal patients at the time of inspection. Wards had signs on the doors to remind informal patients they could leave at will.
- The service did not use seclusion and did not have a seclusion room.
- The service reported 38 incidents of restraint over the six months prior to inspection; none of these were prone restraint or resulted in rapid tranquilisation. Staff reported all physical interventions including a guiding hand as restraint.
- Staff used restraint only after de-escalation had been tried. 93% of staff were trained in conflict resolution and 80% of staff were up to date in management of violence and aggression training.

Safeguarding

- Ninety five% of staff were trained in Safeguarding Adults. Staff we spoke with were all aware of what and how to report as a safeguarding concern.
- The service had a safeguarding lead in post who reviewed all safeguarding reports and discussed these at daily management meetings, as well as clinical governance meetings.
- Managers held quarterly meetings with the multi-agency safeguarding hub to discuss referrals and outcomes.

Staff access to essential information

- The service used an electronic system for patient records.
- All staff including agency staff had access to the patient record system.

Medicines management

- Staff followed good practice in medicines management and the service used systems and processes to safely prescribe, administer, record and store medicines. Staff used covert medicines in line with national guidance.
- Staff regularly reviewed the effects of medications on patient's physical health.

Track record on safety

- The service had not reported any serious incidents in the year before inspection.

Reporting incidents and learning from when things go wrong

- Staff we spoke with all knew how to report incidents and what needed to be reported.
- The service used an electronic incident reporting system. Managers reviewed every incident report and these were discussed at the daily morning meeting. Managers reviewed themes and trends in incidents and discussed these at clinical governance meetings.
- Managers fed back to staff on incidents, outcomes and lessons learned via an email to all staff. This email was also printed off for the nurse in charge of each ward to share with all staff at handover meetings.
- The provider had a policy on duty of candour and staff we spoke with were aware of the need to be open and honest with patients and families when things went wrong.
- Managers chaired a debrief for staff following an incident.

Are long stay or rehabilitation mental health wards for working-age adults effective?
(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed 13 patient care records and found that they all had a comprehensive assessment of need following admission.
- Assessments included mental health and physical health needs, and included a falls assessment, dysphagia assessment and communication needs.

Long stay or rehabilitation mental health wards for working age adults

Good 

- Staff completed a holistic, personalised care plan to address all the needs identified in the assessment. Care plans included goals for mental and physical health, including physiotherapy, occupational therapy and psychological goals.
- Staff updated care plans regularly as part of multi-disciplinary team meetings.

Best practice in treatment and care

- The service provided a range of care and treatment interventions suitable for the patient group as recommended by the National Institute for Health and Care Excellence.
- These included psychology sessions to complete cognitive assessments and develop positive behaviour plans. The psychology team also delivered group mindfulness and relaxation sessions.
- The occupational therapy team completed multifactorial falls assessments for patients and had trained staff to complete these. They also completed environment and mobility assessments and worked with the physiotherapist to ensure patients had the equipment to increase their mobility and independence.
- Therapy assistants ran groups to increase engagement and activity for patients including reminiscence groups, road safety sessions and gardening groups.
- The service had introduced a pet as therapy dog to increase interaction from patients and outcomes showed reduced aggression and increased engagement from patients.
- The service encouraged patients to live healthier lives through physical exercise and patients could access the local gymnasium and swimming pool.
- Staff registered patients with the local GP surgery on admission and the GP provided physical health monitoring and treatment, including out of hours cover.
- Staff used recognised outcome measures including Health of the Nation outcomes scores to record severity and outcomes.
- The therapy team were members of the European Huntington's Disease Network which is a non-profit research network committed to advancing research, facilitating the conduct of clinical trials, and improving clinical care in Huntington's disease.
- The service contracted a pharmacist to complete weekly medication audits and staff had recently completed an audit of care plans.

Skilled staff to deliver care

- The service employed a range of staff to meet the needs of patients including nurses, care assistants, consultant psychiatrist, clinical neuropsychologist and assistant psychologist, associate specialist, occupational therapist and assistants, and part time speech and language therapist, dietician and physiotherapist.
- Staff were qualified and had the experience and skills to work with the patient group.
- The service reported that over the past year 69% of staff had received supervision in line with provider policy, however managers had identified that levels were lower than expected and supervision rates had increased to over 90%. Ninety seven% of staff had received an annual appraisal. Managers held monthly team meetings for all staff to attend.
- Managers ensured that staff received specialist training for their role and staff had been able to complete training including phlebotomy, prevention and management of pressure sores, mouth care and nutrition.
- Managers dealt with poor staff performance through the supervision process and the provider performance management policy. We saw examples where staff had been supported to improve performance through this process.

Multi-disciplinary and inter-agency team work

- Staff held multi-disciplinary meetings each morning to discuss any issues from the previous day and anything that affected the service delivery for that day. This was then fed to frontline staff to discuss in handover meetings.
- Staff held handover meetings at the start of each shift where they shared information about patients and any other issues arising.
- Staff had good working relationships with care co-ordinators and encouraged them to attend care plan approach reviews.
- The service had good relationships with local agencies and organisations including the multi-agency safeguarding hub, local health service including GP and dental surgery, and the mental health NHS Trust.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Long stay or rehabilitation mental health wards for working age adults

Good 

- Ninety three% of staff had received training in the Mental Health Act. Staff we spoke with had a good understanding of the code of practice and it's guiding principles.
- The service employed a Mental Health Act administrator who was based at the service and staff we spoke with knew who they were.
- The provider had relevant policies and procedures that reflected up to date guidance and these were available to all staff on the provider intranet system.
- An independent mental health advocate visited the service weekly to speak with patients and this was widely advertised.
- Staff explained patients' rights under the Mental Health Act in a way they could understand, checked that patients understood to the best of their ability and recorded this in in care records.
- Staff ensured patients were able to leave the hospital under Section 17 leave and escorted them when required.
- Staff stored copies of patients' detention paperwork and related records correctly. Copies of consent to treatment forms were attached to patients' medicines records for staff to refer to.
- Staff requested a second opinion doctor when necessary.
- Wards had signs on the doors reminding informal patients that they could leave the hospital if they wished.
- The Mental Health Act administrator completed monthly audits of the Mental Health Act paperwork and took action if required.

Good practice in applying the Mental Capacity Act

- Ninety eight% of staff had received training in the Mental Capacity Act.
- Staff we spoke with had a good understanding of the Mental Capacity Act, it's principles and how it applied to the patients they were working with.
- The provider had a policy on the Mental Capacity Act, including deprivation of liberty standards. All staff could access this on the provider intranet page.
- Staff assessed and recorded patient's capacity to make decisions appropriately and on a decision specific basis.
- Staff held best interest decision meetings for patients who lacked capacity and took their and their families wishes and feelings into consideration.

- Staff made deprivation of liberty safeguards applications when required and monitored the progress of applications to supervisory bodies.
- Staff audited the application of the Mental Capacity Act monthly and took action where required.

Are long stay or rehabilitation mental health wards for working-age adults caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- We observed staff interact with patients with kindness and compassion. Staff were highly respectful of patients whilst undertaking their personal care and maintained patient's privacy and dignity at all times. We saw examples of where staff members went the extra mile to support patients in their choices and provide good care.
- Staff had a good understanding and knowledge of their patients, and initiated conversations about the patients likes and interests. We saw staff engaging patients by asking questions and their opinions about subjects.
- Staff supported patients to understand their condition and encouraged patients to do as much for themselves as possible and maintain their independence. Where patients could not make their own hot drink without help, staff encouraged them to do part of the task with staff stepping in to undertake any task they were unable to carry out.
- Staff undertook a 'this is me' booklet with patients on admission so that they were fully aware of the patients' needs, including physical and mental health, cultural, religious and social needs.
- Patients told us that staff were kind, respectful and caring towards them and behaved appropriately.
- Staff were able to raise any concerns about abusive behaviour or attitudes towards patients without fear of any negative consequences.

Involvement in care

- Staff provided a welcome pack to all patients on admission and oriented them to the ward. The welcome pack gave patients information about the service, treatment and what to expect during their stay.

Long stay or rehabilitation mental health wards for working age adults

Good 

- We reviewed 13 care records and saw that patients' views were recorded in care plans, risk assessments and meetings. Where patients were unable to communicate their view, their family or carer view was recorded.
- Staff communicated with patients, so they understood their care and treatment. Patients who had difficulty communicating verbally had a communication assessment and plan completed by the occupational therapy team so that all staff could communicate effectively with the patient.
- Patients could give feedback at the ward community meetings or through discussion with staff. Staff asked for patient input into decisions about menu choices and planned activities at the community meetings.
- Staff encouraged patients to make advance decisions about their care so that if in the future they were unable to make or communicate decisions their views were already recorded.
- Staff publicised the weekly attendance of an independent advocate and encouraged patients to access advocacy services.

Involvement of families and carers

- Families we spoke with told us that they were kept updated and informed appropriately about their relative. Staff invited families to care plan review meetings, or to attend via telephone or video conference. Where family members couldn't attend they were offered the opportunity to comment in advance and were sent minutes of the meeting.
- Families told us that they had seen improvements in their relative's behaviours and engagement during their stay at the service. They told us that staff were caring and understanding towards patients and their families.
- The service sent out a newsletter to families of patients to keep them involved and up to date on events and activities. The service had held barbecues over the summer where families and patients could all attend together.
- The service sent a 'friends and family' questionnaire out annually asking for feedback on the service and the most recent results showed that 89% of respondents would recommend the service.

Are long stay or rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- The average bed occupancy over the past year was 75% which was due to the planned refurbishment of all four wards at the service. The average length of stay was 829 days.
- Referrals in to the service were managed by a regional referrals co-ordinator. Suitable referrals were sent to managers for discussion in the daily management meeting. Assessments were completed within 72 hours of receipt of referral by whichever clinician could best assess the patient's needs or by more than one clinician if the patient had more complex needs. The assessment outcome and decision to admit was then discussed by the multi-disciplinary team. The patient, their family and their care co-ordinator were invited to visit the service prior to their admission.
- The service had a clear criteria for admission to the service. The provider could signpost patients on to another service at any point during the process if the patient did not meet the service criteria or staff did not think the patient's needs could be met.
- On admission to the service patients were seen by the consultant psychiatrist and had a physical health and medication review. Staff held a multi-disciplinary review with the patient within 48 hours of admission.
- The service did not usually hold a waiting list for admission but at the time of the inspection had one patient waiting to be admitted due to the ward refurbishment.
- Patients were not moved between wards unless for a clinical reason, such as any patient whose mobility deteriorated would be moved to a downstairs ward.
- Staff planned patient's length of stay and discharge arrangements on admission in liaison with the patient's care co-ordinator.

Long stay or rehabilitation mental health wards for working age adults

Good 

- Staff supported patients during transfer between services and took patients to visit the new service, sometimes for several visits. Staff kept in contact with patients for a month after they had transferred to a new service so that patients felt supported.

The facilities promote recovery, comfort, dignity and confidentiality

- The wards were single-sex and each patient had a single bedroom with en-suite toilet and shared accessible bathrooms.
- Patients could personalise their bedrooms including choosing the colour of wall paint. Patients had access to their bedrooms at all times and could lock their door for privacy and security.
- The service had a range of rooms including clinic rooms, activity rooms and a communal lounge and dining area where patients could eat together and take part in ward activities.
- Wards had a room for patients to meet with visitors or they could meet with visitors in one of the rooms off the ward if more appropriate.
- Patients had access to their own mobile phones and tablets for making calls and internet access, but any patient without these could use one of the cordless phones and laptop provided by the service.
- The service had designated male and female gardens which were well maintained, and patients had access to throughout the day. Communal events were held in the designated male garden which female patients could access without passing through the male ward.
- The catering team prepared and cooked meals on site and provided a range of options to meet the needs of patients that included vegetarian options and a pureed meal for patients at risk of choking. The catering team had worked closely with the speech and language therapist and dietician to ensure that pureed meal choices looked and tasted appetising.
- Wards had a kitchen area where patients could access hot and cold drinks and snacks. The occupational therapy team assessed patient's ability to safely make their own hot drinks. Patients who could not make their own hot drinks were assisted by staff but encouraged to do as much of the process as they could. Patients who were not able to be involved in making drinks were offered a hot drink by staff every one to two hours. Staff monitored patient food and fluid intake to ensure their nutrition and hydration needs were met.

Patients' engagement with the wider community

- Staff supported patients to maintain contact with families and friends through telephone contact and visits to the service.
- Staff encouraged patients to develop relationships with the local and wider community through engaging with the local gym and swimming pool, and escorted trips out.

Meeting the needs of all people who use the service

- The service had made the necessary adjustments for the physical needs of the patient group including access outside for wheelchair users and those with reduced mobility, access to hoists and adjusted beds for patients who required them.
- Staff provided patients with information about treatment, local services, patient's rights and how to complain in the welcome pack issued to all patients.
- Staff assessed patients' communication levels and patients had a communication plan to ensure that staff could share information in the best way that patients could understand.
- Managers ensured that staff and patients had access to interpreters and signers if required.
- Patients had a choice of food to meet their dietary requirements including religious and cultural requirements.
- Staff ensured that patients had access to spiritual support through access to local groups and places of worship, and a Christian minister visited the service weekly.

Listening to and learning from concerns and complaints

- The service had received one formal complaint and six formal compliments over the past year. The complaint had been partially upheld.
- Patients and family members we spoke with knew how to complain, and this information was included in welcome packs provided to them.
- The provider had a policy on complaints that required that complaints were investigated by the hospital director. We saw that complaints had been dealt with in line with provider policy including complaints being acknowledged, investigated and outcomes provided within the set timescales.

Long stay or rehabilitation mental health wards for working age adults

Good 

- Managers provided staff with the outcomes and learning from any complaints.

Are long stay or rehabilitation mental health wards for working-age adults well-led?

Good 

Leadership

- Leaders had the skills, knowledge and experience to perform their roles.
- Leaders had a good understanding of the patient group and how the service provided good quality care for patients.
- Leaders were visible in the service and were known to staff and patients. Leaders were present on the wards daily, including conducting night visits so that they were approachable for all staff and patients.
- The service provided leadership development for staff and at the time of inspection two staff members were undertaking a leadership training course and three staff members had recently completed it.

Vision and strategy

- The provider values were collaboration, innovation, empowerment, compassion and integrity. The service had a philosophy in line with these values that 'each patient should feel valued, in control, confident, comfortable and where possible, able to make decisions for themselves'. We saw how staff understood and embodied these values and philosophy in their day to day work.
- Leaders had communicated the provider's values and the service philosophy to frontline staff.
- Staff knew and could explain how they worked to deliver high quality care.

Culture

- Staff felt positive and proud about the work they were doing and felt supported and valued by managers and their teams.
- Staff felt able to raise concerns without fear of retribution or negative consequences and knew how to raise concerns or use the whistleblowing policy.

- Managers dealt with poor performance when needed and we saw examples where supervision or suspension had been used to deal with poor staff performance.
- Teams worked well together and supported colleagues across the wards, with good multi-disciplinary working.
- Staff appraisals included career progression and opportunities for additional training and leadership development.
- The provider had an equality and diversity policy in place that the service used to ensure equal opportunities, dignity and respect for staff and patients with protected characteristics.
- The service supported staff wellbeing through a monthly staff wellbeing day and offered mindfulness, reiki and head massages. The provider occupational health service offered physical and emotional health support.
- The service recognised staff success through an employee of the month scheme and had introduced a ward of the month prize to encourage team working.

Governance

- The provider held monthly regional clinical governance meetings to discuss safety and quality across the region. The service then held a local clinical governance meeting a few days later so that any discussion outcomes or new policies could be fed into the local meeting.
- The service clinical governance meeting had an agenda that included incident reporting, safeguarding issues, performance against dashboard targets, and learning from complaints and incidents.
- The pharmacy conducted weekly medicines audits and the results were fed back to the medical team to determine any action required. The nurse manager had recently completed an audit of care plans and the outcomes were fed back to staff.

Management of risk, issues and performance

- The service had a risk register in place that reflected the concerns of staff. Staff could escalate issues to the risk register through managers who would discuss the risks at the clinical governance meetings.
- The service had a business continuity plan in place in case of an emergency that impeded the running of the service.

Information management

Long stay or rehabilitation mental health wards for working age adults

Good 

- All staff including agency staff had access to the electronic patient record system that was not burdensome for them to use.
- Information governance systems included confidentiality of patient records.
- Managers had access to information on service performance, staffing and patient care through the electronic dashboard system.
- Staff made notifications to external bodies including the Care Quality Commission, Safeguarding team and Clinical Commissioning Groups.

Engagement

- Staff, patients and families had access to up to date information about the service through the internet and social media. The service also sent a quarterly newsletter to patients and families with details of events, outings and updates.

- Patients and families could provide feedback to the service through the annual survey or through hospital managers at any time. The service had implemented changes as a result of feedback such as the introduction of telephone and video conferencing for those who were unable to attend review meetings in person.
- Managers provided contact details to families and encouraged them to contact them to discuss any concerns.
- The provider senior leaders visited the service monthly and met with staff to discuss feedback and any changes to the service.

Learning, continuous improvement and innovation

- Staff had engaged with the European Huntington's Disease Network and with UK Huntington's Disease Association to collaborate in learning from clinical research projects and share good practice in improving care for patients with Huntington's Disease.